

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3				1		1
4				1		1
5				1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
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46						
47						
48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	14		19		29	
TOTAL CLAIMS	15		20		30	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS